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**From:** Kilkenny, Michael E [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=80F9B220FB604DB6AA05C8C725B446BD-KILKENNY, M]  
**Sent:** 6/6/2017 7:42:39 PM  
**To:** cburger@dunbarfd.org  
**CC:** Hazelett, Tim D [tim.d.hazelett@wv.gov]  
**Subject:** naloxone

Mr. Burger,

Attached are versions of the protocols and standing order for the Huntington Fire Department. These are either drafts or previously executed orders which will have to be revised specific to Culloden Volunteer Fire Department. Chief Jan Rader at Huntington Fire Dept. would be a possible resource for guidance and reporting procedures. If you will fix the Policy document, I will fix the Standing Order.

I hope we can arrange to train for and provide naloxone for the Culloden Volunteer Fire Department to use.

Thank you for contacting us on this matter.

Michael E. Kilkenny, MD, MS  
Physician Director, Cabell-Huntington Health Department  
703 7<sup>th</sup> Avenue  
Huntington, WV 25701  
(304) 523-6483, ext 250  
[Michael.E.Kilkenny@wv.gov](mailto:Michael.E.Kilkenny@wv.gov)  
[www.cabellhealth.org](http://www.cabellhealth.org)



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PLAINTIFFS TRIAL  
EXHIBIT

P-41113\_00001



**Cabell-Huntington Health Department**  
703 Seventh Avenue / Huntington, West Virginia 25701  
(304) 523-6483

Michael E. Kilkenny, MD, MS  
Physician Director

**City of Huntington Police and Fire Departments**

**Naloxone Standing Order**

This standing order, consistent with WV Code Chapter 16, Article 46, authorizes:

Initial Responders, defined in WV Code 16-46-2(1), properly trained and certified, having satisfactorily completed the Cabell-Huntington Health Department Opioid Antagonist Act Naloxone Administration Training Module for Initial Responders, may administer naloxone to any person suspected of suffering from opioid overdose according to policies established by the City of Huntington Police Department, or City of Huntington Fire Department.

Cabell-Huntington Health Department may dispense, free of charge to the authorized representative, Evzio autoinjectors to supply each functional Initial Responder unit as defined by the respective department, utilizing stock from its Kaleo Pharma product grant. At such time as that product grant stock is exhausted or expired, it will be necessary for each department to purchase naloxone for its purpose.

For the purpose of dispensing, this order will stand as a prescription for those persons meeting the above qualifications.

The product dispensed per this order is defined as below and must be labelled for use.

EVZIO, naloxone HCL injection, USP 0.4mg auto-injector

Dispense: 1 (One) prepackaged kit containing three units, 2 (Two) Evzio Auto-injectors and 1 (One) Trainer

Sig: Use in case of suspected opioid overdose intramuscularly. Call 911. Repeat in 2 minutes if no response.

In the event Evzio is not available, naloxone solution will be prescribed as follows:

Naloxone, 1mg/1ml solution, 2ml prefilled syringes

Dispense: 2 (Two) syringes

Sig: In case of suspected opioid overdose, apply atomizer (available separately) and spray 1 cc in each nostril. Call 911. Repeat in 2 minutes if no response.

Atomizers, 2 (Two) should be dispensed with naloxone, 1mg/1ml, 2ml prefilled syringes

**Handling / Storage / Expiration / Refills:**

1. Each Department's authorized representative will obtain labelled and numbered Evzio kits from the Cabell-Huntington Health Department.
2. Naloxone should be kept in an environment as close to room temperature as possible, and within the range of 15° to 30°C (59° to 86°F). The naloxone vials should remain in cartons and protected from light until used. Optimally, the naloxone kit (including naloxone) could be kept in a gear bag, or other suitable location as determined by agency policy.
3. Shelf life for naloxone ranges from 18 to 24 months. NCO will routinely check expiration date of naloxone vials. When nearing expiration, unused naloxone will be replaced in each active naloxone kit.
4. If naloxone is administered by an officer, the naloxone/kit will be refilled as described in the "Use and Treatment" section below.

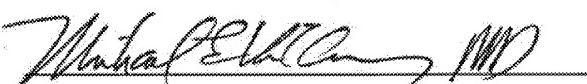
**Reporting Requirements:**

Each Department must report to the West Virginia Office of Emergency Management

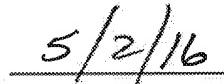
1. The number of individuals who received training.
2. The number of individuals to whom naloxone was administered by an initial responder.
3. The number of individuals to whom naloxone was administered by an initial responder who were revived as a result.
4. The number of individuals to whom naloxone was administered by an initial responder who were not revived.
5. The cause of death of individuals who received naloxone administered by an initial responder, but who were not revived. The cause of death will be obtained from the county medical examiner's office.

The Cabell-Huntington Health Department must annually report to the WV Board of Pharmacy, the number of prescriptions issued (units dispensed) to initial responders as well as other groups classified by the Board of Pharmacy.

This order will be effective from May 2, 2016. This order will remain in effect until superseded or cancelled, but will require review and reauthorization annually.



Michael E. Kilkenny, MD, MS  
Physician Director



Date

## **City of Huntington Proposed Administration of Naloxone Policy**

### **Background**

Opiate overdose is the leading cause of accidental death in West Virginia. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyCotin, Percocet and Percodan, and hydrocodone as found in Norco and Vicodin.

Naloxone, commonly known by the brand-name Narcan is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities, which can result from opiate overdoses, the City of Huntington will train its first responders in the proper pre-hospital administration of naloxone. In order to implement a safe and responsible naloxone plan, the City will establish and maintain a professional affiliation with Cabell-Huntington Health Department (CHHD) who will provide medical oversight over its use and administration. CHHD may make recommendations regarding the policy, oversight, training, and administration of the nasal naloxone program developed and implemented by the Department. CHHD will conduct an inspection of the program on a semi-annual basis to ensure proper medical oversight.

This policy is implemented by the Department in compliance with, and under the authority and liability limitations of the Access to Opioid Antagonist Act, W. Va. Code §16-46-1 and more specifically §16-46-4 regarding administration of an opioid antagonist by initial responders in emergency conditions.

### **Definitions**

*Opiates:* An opiate is a medication or drug that is derived from the opium poppy or that mimics the effects of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep.

*Naloxone:* Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan.

## **Policy**

Naloxone kits and bag value masks will be deployed in all City first responder vehicles (police & fire) for administration to a person believed to be suffering from an opiate overdose. The goal of the first responder(s) shall be to provide immediate assistance via the administration of naloxone where appropriate, to provide assistance commensurate with training as first responders, including assistance to CCEMS personal on scene, if necessary, and for police officers to handle any criminal investigations that may arise.

## **Training**

Before a first responder is authorized to administer Naloxone, the officer shall receive training approved by the State Office of Emergency Medical Services that is consistent with, and satisfies the requirements set forth in W. Va. Code §14-46-4(a)(1) and 16-46-6(b). The City shall provide refresher training every two years. This training will include airway management with the use of a bag-valve mask in compliance with the American Heart Association Guidelines.

## **Procedure**

When a first responder(s) of the City has arrived at the scene of a medical emergency prior to the arrival of CCEMS, and has made a determination that a person is believed to be suffering from an opiate overdose, the first responder may administer Naloxone to that person. The following steps will be taken:

1. First responders will use universal precautions and ensure scene safety. The safety of the first responder(s) is paramount.
2. Based on training and observation, first responders will conduct an assessment of the person believed to be suffering from an opiate overdose, including any statements from witnesses and/or family members regarding drug use.
3. If, based on training, observation and any other relevant information, the first responder makes a determination that there has been an opiate overdose; the Naloxone kit will be utilized.
4. The officer shall administer Naloxone in one of two ways:
  - a. by use of an EVZIO auto injector 0.4 mg of Naloxone will be administered to the outer thigh of the person.
  - b. by use of a nasal mist adapter that is attached to the Naloxone to administer a one milligram intra-nasal dose of Naloxone to each nostril for a complete dosage of two milligrams.

First responders shall be aware that a rapid reversal of an opiate overdose may cause vomiting by the person administered the Naloxone and/or violent behavior may occur.

5. After the administration of the Naloxone, the first responder shall use the bag valve mask device, if needed, to assist the person with breathing until EMS personnel arrive. Naloxone can take from 3-8 minutes to take effect, therefore maintenance of an open airway and rescue breathing with the bag-valve mask is vital. The absence of arousal after administration of Naloxone may mean the person is under the influence of other sedatives or alcohol.
6. The same dose of Naloxone can be repeated in 2 minutes if there is no improvement in respiratory effort.
7. The person administered the Naloxone should continue to be observed as the situation dictates.
8. The administering first responder(s) shall inform incoming EMS about the administration of the Naloxone and the condition of the person administered the same, and shall stay with the person until relieved by EMS or an individual with medical training.

### **Reporting**

On each occasion Naloxone is administered, a detailed incident report of the event shall be completed by the administering first responder prior to the end of his/her shift. The report will be forwarded to a Program Director (one will be appointed for police and fire).

### **Equipment and Maintenance**

It shall be the responsibility of first responders to inspect Naloxone kits prior to the start of each shift to ensure that the kits are intact. Naloxone kits shall be stored in each vehicle as long as the vehicle will be driven daily within a 24 hour period. If the vehicle is not driven daily, or is down for maintenance, the Naloxone kits will be removed and stored in a climate controlled area such as an office.

The Huntington Police Department and the Huntington Fire Department will each have a Program Director that will maintain a written inventory, which will be updated monthly, documenting the quantities and expirations of the Naloxone replacement supplies and a log documenting the issuance of replacement kits, and a log to record the first responders training records.

Shift supervisors shall immediately replace Naloxone kits that have been used during the course of the shift.

Damaged equipment shall be reported to a shift supervisor immediately.